

## Checklist for Driver Education School Branch Classroom Inside of a School Application

If opening branch in an already established school that is located inside of a school governed by the board of education then you will need to provide the following:

- ☐ Application for branch
- ☐ Classroom facility verification form
- ☐ Zoning form
- ☐ Fire Inspection form
- ☐ \$150.00 Check or Money order made payable to MVA.



Motor Vehicle Administration  
6601 Ritchie Highway, N.E.  
Glen Burnie, Maryland 21062

DE-001 (07-14)

## Application for Driver's School License

**Please complete both sides of the application. Print in ink.**

☐ Application Filing Fee (not refundable)-\$200.00

☐ Change of Officers-\$20.00

☐ Primary Facility-\$150.00

☐ Change of Name-\$20.00

☐ Branch Facility-\$150.00

☐ Duplicate School License \$20.00

☐ Renewal (Primary or Branch) \$150.00

☐ Change of Address \$20.00

☐ Video Use/Curriculum Changes

☐ OTHER: \_\_\_\_\_

(Must provide cd/dvd with application, also explain in additional information)

Name of School (as appears on surety bond)

School Number

Street Address (For action indicated above.)

Suite Number/Floor

City

County

State

Zip Code

Telephone Number

Fax Number

Email Address (MUST PROVIDE)

Web Address

**PLEASE LIST ALL OWNERS, PARTNERS, AND OFFICERS OF CORPORATION BELOW:**

Name of Owner, Partner, or Officer

Position

Driver's License Number

Home Address

City

County

Zip

Date of Birth(Month/Day/Year)

Phone Number

Email Address (Must Provide)

Name of Owner, Partner, or Officer

Position

Driver's License Number

Home Address

City

County

Zip

Date of Birth(Month/Day/Year)

Phone Number

Email Address (Must Provide)

Name of Owner, Partner, or Officer

Position

Driver's License Number

Home Address

City

County

Zip

Date of Birth(Month/Day/Year)

Phone Number

Email Address (Must Provide)

For more information, please call: **410-768-7000** (to speak with a customer agent).  
TTY for the hearing impaired: **1-800-492-4575**. Visit our website at: **www.MVA.Maryland.gov**

Has the applicant been previously licensed to operate a Driver's School? ☐ Yes ☐ No

If **yes**, was the license revoked? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Has any owner, partner, or corporate officer, listed ever been convicted of any violation of the Motor Vehicle laws in any state or territory?  
☐ Yes ☐ No If **yes**, please explain in additional information section.

Has any owner partner or corporate officer, listed ever been convicted of a crime, other than traffic violations, in any state or territory?  
☐ Yes ☐ No If **yes**, please explain in additional information section.

Has any owner partner or corporate officer, listed ever been convicted of a any violation of the Driver's School License Law as provided in Section 15-710 of the Transportation Article? ☐ Yes ☐ No If **yes**, please explain in additional information section.

Has any owner partner or corporate officer, listed ever been convicted of any crime of moral turpitude in any state or territory? ☐ Yes ☐ No  
If **yes**, please explain in additional information section.

Are any owners, partners, or corporate officers currently employed by the State of Maryland? ☐ Yes ☐ No

If so, what agency? \_\_\_\_\_

If your request requires additional information, please supply here: \_\_\_\_\_

Signator Certification: It is illegal for anyone to give false or fictitious information for a Driver's School License. Since this certification is considered part of the application, anyone who provides or certifies to a false or fictitious statement or information herein may be prosecuted and/or have his or her license cancelled.

I/we certify under penalty of perjury, that the information stated herein is true and correct to the best of my/our knowledge, information and belief.

Applicant's Signature

Print

Date

**Primary Facility Information Only**

The individuals listed below are authorized to sign on behalf of the Driver's School:

Name

Signature

Name

Signature

Name

Signature

Name

Signature



Apply to register to vote with your driver's license transaction. For details ask your customer service representative.



## **CLASSROOM FACILITY VERIFICATION**

**THIS FORM MUST BE SUBMITTED BY DRIVERS'/DRIVER EDUCATION SCHOOLS THAT ARE USING CLASSROOMS IN AN EDUCATIONAL FACILITY THAT IS REGULATED BY THE MARYLAND DEPARTMENT OF EDUCATION OR THE MARYLAND HIGHER EDUCATION COMMISSION.**

**In accordance with COMAR 11.23.02.31B, these sites are exempt from inspection by the Motor Vehicle Administration. These sites are not exempt from meeting the regulatory requirements regarding zoning and fire safety as outlined in COMAR 11.23.02.06C(1)(b). Day care centers, Sunday schools, fellowship halls and community centers, etc. generally do not qualify for this exemption.**

Please consider these specifications when completing this form:

This classroom:

- must be a traditional classroom. Cafeterias, gymnasiums, auditoriums, etc. are **not** acceptable.
- will have heating, ventilation, and air conditioning in good repair.
- will be clean, orderly, and free from clutter.
- will be reasonably free from any visible or audible activities other than driver education instructional activities.
- will be conveniently located near restrooms.
- will be utilized by a maximum of 30 adult and teen students and 1-2 instructors/supervisors. The total number of persons in the classroom at the same time may not exceed occupancy limitations imposed by the fire department or fire marshal
- will be furnished with a chair and writing surface for each student.
- will have adequate chalkboards/whiteboards visible from all seats
- will require space for instructional equipment such as a television, VCR, videos, overhead projector, projection screen, textbooks, etc. to be provided by the drivers'/driver education school or the school facility providing the classroom space.
- will allow space for the instructor's desk or podium and for the instructor to utilize the equipment.

**PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM**

## CLASSROOM FACILITY VERIFICATION

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**CERTIFICATION IS FOR THE CLASSROOM SPECIFIED BELOW ONLY. IF A DIFFERENT CLASSROOM IS TO BE USED, CERTIFICATION MUST BE OBTAINED FOR THAT ROOM.**

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**THIS SECTION TO BE COMPLETED BY APPLICANT AND PRESENTED TO THE ADMINISTRATION OF THE SCHOOL PROVIDING THE CLASSROOM SPACE.**

Drivers' / Driver Education School Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY THE ADMINISTRATION OF THE SCHOOL PROVIDING THE CLASSROOM SPACE.**

School name \_\_\_\_\_

School address \_\_\_\_\_

Classroom number \_\_\_\_\_ School Identification Number (Assigned by BOE) \_\_\_\_\_

This site does \_\_\_\_\_ does not \_\_\_\_\_ meet the specifications listed on Page 1 of this form.

What is the maximum occupancy of this classroom as determined by the fire department or fire marshal? \_\_\_\_\_

I certify, under penalty of perjury, that the school meets applicable zoning and fire safety requirements, and that the statements made herein are true and correct to the best of my knowledge, information and belief.

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Official position \_\_\_\_\_ (Must be signed by Executive Level Staff)

Date \_\_\_\_\_



**Motor Vehicle Administration**

**FIRE SAFETY CERTIFICATION OF COMPLIANCE FORM FOR DRIVER EDUCATION  
CLASSROOM**

The Motor Vehicle Administration, in accordance with agency regulations 11.23.01 and 11.23.02, requires a fire safety certification for all classroom facilities used by drivers'/driver education schools.

THIS CLASSROOM MUST BE CERTIFIED ONLY AFTER THE CLASSROOM HAS BEEN COMPLETEY FURNISHED, EQUIPPED, AND SET UP FOR DRIVER EDUCATION CLASSES.

Please certify this site recognizing these specifications and complete this form.

This classroom:

- Will be used as an educational institution.
- Must meet the requirements of a drivers'/driver education classroom as stated in National fire Protection Association (NFPA) Chapter 38, Building Officials and Code Administrators (BOCA) Chapter 304, and/or any other relevant code, statute, or regulation.
- Will be furnished with a chair and writing surface for each student.
- Will require space for instructional equipment such as television, VCR, overhead projector, screen, etc.
- Will allow space for the instructor's desk or podium and for the instructor to utilize the equipment.
- Will allow storage space for books, papers, etc.

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

FIRE SAFETY CERTIFICATION OF COMPLIANCE FORM FOR DRIVER EDUCATION  
CLASSROOM

Page 2

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THIS SECTION TO BE COMPLETED BY THE APPLICANT AND PRESENTED AT THE TIME OF CERTIFICATION TO THE LOCAL FIRE SERVICE AUTHORITIES.

Drivers'/Driver Education School

Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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THIS SECTION IS TO BE COMPLETED BY THE FIRE SAFETY OFFICIAL TO VERIFY THAT THE SITE LISTED ABOVE HAS MET ALL LOCAL SAFETY REQUIREMENTS OF A DRIVER'S/DRIVER EDUCATION SCHOOL CLASSROOM.

This site does \_\_\_\_\_ does not \_\_\_\_\_ meet the requirements of a drivers'/driver education classroom as stated in National Fire Protection Association (NFPA) Chapter 38, Building Officials Code Administrators (BOCA) Chapter 304, and/or other relevant codes, statutes, and/or regulations.

Was this site certified allowing for the specifications listed on Page 1 of this form?

What is the maximum number of students permitted in the classroom? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Official Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

PLEASE INCLUDE A MAXIMUM OCCUPANY NUMBER.

ALL BLANKS MUST BE COMPLETED.



**Motor Vehicle Administration**

**ZONING APPROVAL FORM FOR DRIVER EDUCATION**  
**CLASSROOM**

The Motor Vehicle Administration, in accordance with agency regulations 11.23.01 and 11.23.02, requires zoning approval for all classroom facilities used by drivers'/driver education schools.

Please consider these specifications when issuing zoning approval and completing this form.

This classroom:

- Will be used as an educational institution.
  - Will not require parking lot spaces for the students because they are not yet licensed to drive.
  - Will be furnished with a chair and writing surface for each student
  - Will require space for instructional equipment such as a television, VCR, overhead projector, screen etc.
  - Will allow space for the instructor's desk and for the instructor to utilize the equipment.
  - Will allow storage space for books, papers, etc.
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PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM



ZONING APPROVAL FORM FOR DRIVER EDUCATION CLASSROOM

Page 2

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THIS SECTION TO BE COMPLETED BY APPLICANT AND PRESENTED AT THE TIME OF APPROVAL TO THE LOCAL ZONING AUTHORITIES.

Drivers'/Driver Education School Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: MD

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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THIS SECTION TO BE COMPLETED BY THE LOCAL ZONING OFFICIAL VERIFYING THAT THE SITE LISTED ABOVE HAS MET ALL LOCAL ZONING REQUIREMENTS OF A DRIVERS'/DRIVER EDUCATION SCHOOL CLASSROOM.

This site does \_\_\_\_\_ does not \_\_\_\_\_ meet local zoning requirements including the issuance of a use and occupancy permit, if required.

Was this site evaluated as described on Page 1 of this form? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Official Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Jurisdiction: - \_\_\_\_\_

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ALL BLANKS MUST BE COMPLETED.